



WMIP | October 2005 Monitoring Report

Washington Medicaid Integration Partnership

Context

The Washington Medicaid Integration Partnership (WMIP) is a voluntary managed care pilot project in Snohomish County. WMIP is designed to improve care for aged, blind, or disabled clients by coordinating services that in the past have been provided through separate treatment systems: medical, mental health, substance abuse treatment, and long-term care. Molina Healthcare of Washington began providing care for clients in January 2005. The WMIP benefit package currently includes medical care and substance abuse treatment. Mental health treatment was added in October 2005 and long-term care is scheduled to be added in 2006.

This report tracks baseline (pre-implementation) characteristics of current WMIP enrollees, compared to clients who have disenrolled from the project.

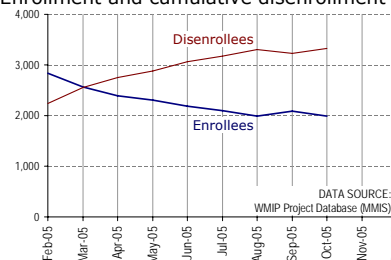
Enrollment Trends

WMIP Monthly Client Count

As of October 2005, 1,993 clients were enrolled in WMIP. Enrollment declined by 96 clients in October, a decline similar to prior months. (Enrollment increased in September due to re-enrollment of clients who had lost Medicaid eligibility.)

Disenrollees include clients who opted out of the program, lost Medicaid eligibility, or left the pilot county. 1,558 clients opted out prior to start-up, and 1,767 have left the project since implementation.

Enrollment and cumulative disenrollment



CURRENT
ENROLLMENT:
1,993

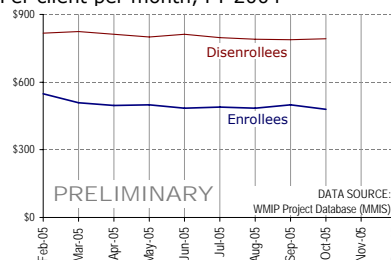
CUMULATIVE
DISENROLLMENT:
3,325

Baseline FFS Medical Assistance Expenditures, FY 2004

WMIP enrollees were less intensive users of medical services in the FY 2004 baseline (pre-implementation) period. This pattern has been stable through the first 10 months of the project.

The WMIP risk-adjustment process will adjust WMIP capitation rates to reflect differences in expected medical costs between WMIP enrollees and disenrollees.

Per client per month, FY 2004



Baseline Average
Monthly FFS
Expenditures

ENROLLEES:
\$480

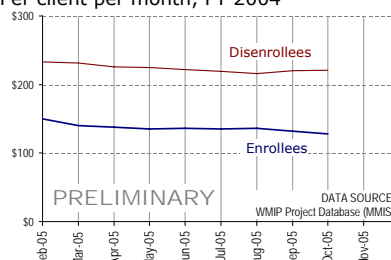
DISENROLLEES:
\$792

Baseline FFS Aging and Adult Services Expenditures, FY 2004

WMIP enrollees were less intensive users of long-term care services in the FY 2004 baseline (pre-implementation) period. This pattern has been stable through the first 10 months of the project.

The WMIP capitation rate structure will account for differences in expected long-term care costs between WMIP enrollees and disenrollees.

Per client per month, FY 2004



Baseline Average
Monthly FFS
Expenditures

ENROLLEES:
\$128

DISENROLLEES:
\$221

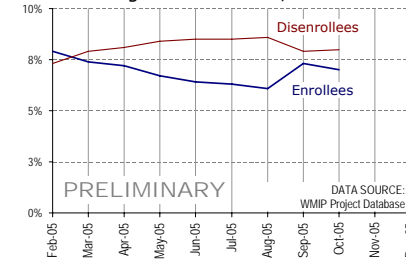
Alcohol or Other Drug Treatment and Diagnoses, FY 2004

The first 8 months of the WMIP project saw the disproportionate disenrollment of clients with substance abuse problems, as indicated by medical claims diagnoses and use of DASA services in FY 2004.

With the addition in September 2005 of "reconnected" clients who had temporarily lost program eligibility in the previous 8 months, the proportion of WMIP enrollees with a substance abuse problem increased.

This shows the importance of reconnecting substance abusing clients because they are more likely to have gaps in Medicaid coverage that cause them to drop out of the program (e.g., due to stays in the county jail).

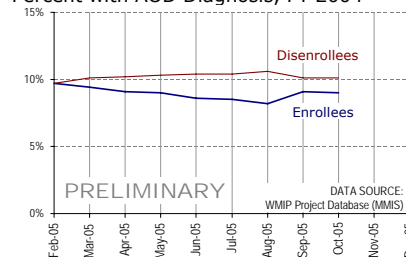
Percent using DASA services, FY 2004



PERCENT OF
CURRENT
ENROLLEES:
7.0%

PERCENT OF
CUMULATIVE
DISENROLLEES:
8.0%

Percent with AOD Diagnosis, FY 2004



PERCENT OF
CURRENT
ENROLLEES:
9.0%

PERCENT OF
CUMULATIVE
DISENROLLEES:
10.1%

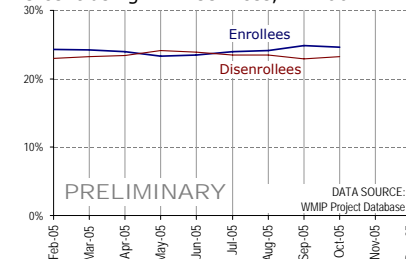
Mental Health Treatment and Diagnoses, FY 2004

The proportion of WMIP enrollees with mental illness was stable in the first 8 months of implementation, as indicated by medical claims diagnoses and baseline (FY 2004) use of Mental Health Division services.

With the addition in September 2005 of "reconnected" clients who had temporarily lost program eligibility in the previous 8 months, the proportion of WMIP enrollees with baseline indications of mental illness increased.

As we saw with substance abusing clients, this shows the importance of reconnecting clients with mental illness because they may be more likely to have Medicaid coverage gaps that cause them to drop out of the program.

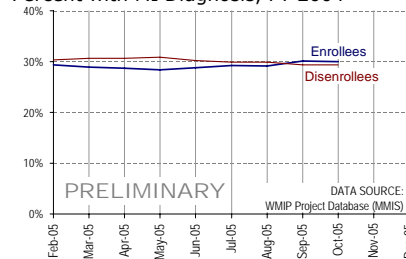
Percent using MHD services, FY 2004



PERCENT OF
CURRENT
ENROLLEES:
24.6%

PERCENT OF
CUMULATIVE
DISENROLLEES:
23.2%

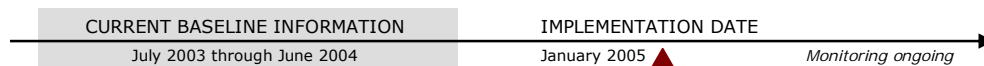
Percent with MI Diagnosis, FY 2004



PERCENT OF
CURRENT
ENROLLEES:
30.0%

PERCENT OF
CUMULATIVE
DISENROLLEES:
29.4%

DATA TIMELINE



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